

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$555.00 for dates of service, 07/10/01, 07/27/01, 07/31/01, 08/14/01, 08/28/01, 09/28/01, 01/08/02, 01/23/02 and 01/30/02.
- b. The request was received on 07/05/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/26/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/26/02. The response from the insurance carrier was received in the Division on 11/01/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
3. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 08/13/02

"All of these dates of service have been submitted for reconsideration, as required by TWCC rules. The carrier, however, has chosen to continue denying these services, despite clear evidence that their denials are inaccurate. I have included copies of all medical documentation, as well as relevant rules to support our position. At this time, we are requesting reimbursement from the carrier in the amount of \$555.00"

2. Respondent: The response was not timely and consequently not eligible for review.

#### IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 07/10/01, 07/27/01, 07/31/01, 08/14/01, 08/28/01, 09/28/01, 01/08/02, 01/23/02 and 01/30/02.
- This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
- Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$555.00 for services rendered on the above dates in dispute.
- Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above dates in dispute.
- Carrier's EOBs deny reimbursement as, "132 These services appear to be non-covered and not the responsibility of the carrier unless additionall [sic] substantiation can be provided." and "052 This service is included in another service performed on the same date."
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/10/01	99213	\$48.00	\$0.00	132	\$48.00	TWCC Rule 133.304( c ); MFG; E/M GR (IV); MGR (I) (E) (4); CPT Descriptors	The Carrier has denied these dates of service as, "132 These services appear to be non-covered and not the responsibility of the carrier unless additionall [sic] substantiation can be provided." and "052 This service is included in another service performed on the same date." The Carrier's denial codes does not "...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)" as required by TWCC Rule 133.304.
07/27/01	99213	\$48.00	\$0.00	132	\$48.00		
07/31/01	99213	\$48.00	\$0.00	132	\$48.00		
08/14/01	99213	\$48.00	\$0.00	132	\$48.00		
08/28/01	99213	\$48.00	\$0.00	132	\$48.00		
09/28/01	99213	\$48.00	\$0.00	132	\$48.00		
01/08/02	99213	\$48.00	\$0.00	132	\$48.00		
01/08/02	97250	\$43.00	\$0.00	132	\$43.00		
01/08/02	97110	\$105.00	\$0.00	132	\$35.00/15 mins		
01/08/02	99082	\$17.00	\$0.00	132	DOP		
01/23/02	95851	\$36.00	\$0.00	052	\$36.00		As Carrier response was untimely and the Requestor has provided documentation to support services billed, reimbursement in the amount of \$555.00 is recommended.
01/30/02	99080	\$18.00	\$0.00	132	DOP		
<b>Totals</b>		\$555.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$555.00</b> .

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$555.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 3rd day of December 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division  
DT/dt